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**FACSIMILE TRANSMISSION**

**Total # of Pages 21 (including this page)**

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| Examiner Michael G. Hartley - Art Unit 1616<br>Commissioner for Patents | (703) 308-4411 | (703) 872-9306 |

From : Stephen E. Reiter *SR*  
 Email Address : [sreiter@foley.com](mailto:sreiter@foley.com)  
 Sender's Direct Dial : 858.847.6711  
 Date : April 15, 2005  
 Client/Matter No : VPHAR1460-1 (ABI1460-1 (071243-1301))  
 User ID No : 1877

**MESSAGE:**

Re: Application Serial No. 09/446,783

Following are

- 1) Amendment Transmittal with Petition for Extension of Time, in duplicate (6 pgs.)
- 2) Amendment, including a copy of the reference (14 pgs.)

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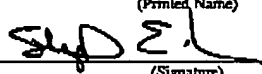
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Atty. Dkt. No. VPHAR1460-2  
(ABI1460-2 (071243-1301))

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Desai et al.

Title: NOVEL FORMULATIONS OF  
PHARMACOLOGICAL AGENTS,  
METHODS FOR THE  
PREPARATION THEREOF AND  
METHODS FOR THE USE  
THEREOF

|   |  |
|---|--|
| <b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>  |  |
| I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. |  |
| Stephen E. Reiter<br>(Printed Name)   |  |
| <br>(Signature)   |  |
| April 15, 2005<br>(Date of Deposit)   |  |

Appl. No.: 09/446,783

Filing Date: 05/16/2000

Examiner: M. Hartley

Art Unit: 1616

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous

[ X ] The fee required for additional claims is calculated below:

|  | Claims<br>As<br>Amended | Previously<br>Paid For |   | Extra<br>Claims<br>Present | Rate       | Additional<br>Claims Fee |
|--|-------------------------|------------------------|---|----------------------------|------------|--------------------------|
| Total Claims:  | 19                      | - 81                   | = | 0                          | x \$50.00  | = \$0.00                 |
| Independent<br>Claims:                               | 1                       | - 19                   | = | 0                          | x \$200.00 | = \$0.00                 |
| First presentation of any Multiple Dependent Claims: |                         |                        |   | +                          | \$360.00   | = \$0.00                 |
| <b>CLAIMS FEE TOTAL</b>                              |                         |                        |   |                            |            | <b>= \$0.00</b>          |

In re application of  
 Desai *et al.*  
 Application No.: 09/446,783

Atty. Dkt. No. VPHAR1460-2  
 (ABI1460-2 (071243-1301))

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

|                                     |   |            |            |
|-------------------------------------|---|------------|------------|
| <input type="checkbox"/>            | Extension for response filed within the first month:  | \$120.00   | \$0.00     |
| <input type="checkbox"/>            | Extension for response filed within the second month: | \$450.00   | \$0.00     |
| <input checked="" type="checkbox"/> | Extension for response filed within the third month:  | \$1,020.00 | \$1,020.00 |
| <input type="checkbox"/>            | Extension for response filed within the fourth month: | \$1,590.00 | \$0.00     |
| <input type="checkbox"/>            | Extension for response filed within the fifth month:  | \$2,160.00 | \$0.00     |
|                                     | EXTENSION FEE TOTAL:                                  |            | \$1,020.00 |
| <input type="checkbox"/>            | Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):     | \$130.00   | \$0.00     |
|                                     | CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:           |            | \$1,020.00 |
| <input type="checkbox"/>            | Small Entity Fees Apply (subtract ½ of above):        |            | \$0.00     |
|                                     | TOTAL FEE:  |            | \$1,020.00 |

[ X ] Please charge Deposit Account No. 50-0872 in the amount of \$1,020.00. A duplicate copy of this transmittal is enclosed.

[ ] A check in the amount of \$1,020.00 is enclosed.

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.


In re application of  
Desai *et al.*  
Application No.: 09/446,783

Atty. Dkt. No. VPHAR1460-2  
(ABI1460-2 (071243-1301))

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 4/15/05

By 


FOLEY & LARDNER LLP  
Customer Number: 30542  
Telephone: (858) 847-6711  
Facsimile: (858) 792-6773

Stephen E. Reiter  
Attorney for Applicant  
Registration No. 31,192

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(ABI1460-2 (071243-1301))

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- The fee required for additional claims is calculated below:

|  | Claims As Amended |   | Previously Paid For | = | Extra Claims Present | x | Rate     | = | Additional Claims Fee |
|--|-------------------|---|---------------------|---|----------------------|---|----------|---|-----------------------|
| Total Claims:  | 19                | - | 81                  | = | 0                    | x | \$50.00  | = | \$0.00                |
| Independent Claims:                                  | 1                 | - | 19                  | = | 0                    | x | \$200.00 | = | \$0.00                |
| First presentation of any Multiple Dependent Claims: |                   | + |                     |   |                      |   | \$360.00 | = | \$0.00                |
| <b>CLAIMS FEE TOTAL</b>                              |                   |   |                     |   |                      |   |          |   | <b>= \$0.00</b>       |

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|                                     | <b>EXTENSION FEE TOTAL:</b>                           |            | <b>\$1,020.00</b> |
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|                                     | <b>CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:</b>    |            | <b>\$1,020.00</b> |
| <input type="checkbox"/>            | Small Entity Fees Apply (subtract 1/2 of above):      |            | \$0.00            |
|                                     | <b>TOTAL FEE:</b>                                     |            | <b>\$1,020.00</b> |

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Respectfully submitted,

Date 4/15/05

By SEP E.L.

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